

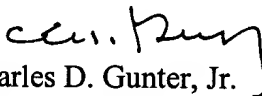
IN THE CLAIMS

Please amend the claims as follows:

1. In claim 3, change "either one of claims 1 or 2" to "claim 1".
2. In claim 4, change "any one of the preceding claims" to "claim 1".
3. In claim 10, change "any one of claims 5-9" to "claim 5".
4. In claim 12, change "any one of claims 5-11" to "claim 5".
5. In claim 13, change "any one of claims 5-11" to "claim 5".
6. In claim 14, change "any one of claims 5-13" to "claim 5".
7. In claim 15, change "any one of claims 5-14" to "claim 5".

A check in the amount of \$970.00 to cover the filing fee, as calculated on the attached Form PTO-1390, is enclosed. No other fee is deemed necessary; however, the undersigned hereby authorizes the Commissioner to charge any additional fees, or credit any overpayments, to Deposit Account No. 06-0580.

Respectfully submitted,


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